



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
COMMUNITY FOOD AND NUTRITION ASSISTANCE  
CHILD AND ADULT CARE FOOD PROGRAM  
**INDIVIDUAL INFANT MEAL RECORD**

8 THROUGH 11 MONTHS

INFANT'S NAME		AGE (MONTHS)		DATE OF BIRTH	
CENTER/PROVIDER		BREASTMILK <input type="checkbox"/> YES <input type="checkbox"/>		FORMULA TYPE	
				MONTH/YEAR	
<b>CLAIM ONLY APPROVED MEALS</b>					
<b>List specific foods consumed by this infant. Foods from child menu may be used if infant is developmentally ready</b>					
<b>REQUIREMENTS</b>	<b>8-11 MO</b>	Date	Date	Date	Date
<b>BREAKFAST</b>					
Iron Fortified Infant Formula or Breastmilk	6-8 fl. oz.				
Iron Fortified Infant Cereal	2-4 Tbsp.				
Fruit and/or Vegetable (not juice)	1-4 Tbsp.				
<b>AM SNACK</b>					
Iron Fortified Infant Formula <sup>1</sup> or Breastmilk or Full Strength Fruit Juice	2-4 fl. oz.				
Crusty Bread (optional)	0-1/2 slice				
Crackers (optional)	0-2				
<b>LUNCH</b>					
Iron Fortified Infant Formula or Breastmilk	6-8 fl. oz.				
Iron Fortified Infant Cereal and/or	2-4 Tbsp.				
Meat, Fish, Poultry, Egg Yolk, or Cooked Dry Beans or Peas	1-4 Tbsp.				
or Cheese	1-4 Tbsp.				
or Cottage Cheese, Cheese Food or Spread	1/2 - 2 oz.				
Fruit or Vegetable (not juice)	1-4 oz.				
	1-4 Tbsp.				
<b>PM SNACK</b>					
Iron Fortified Infant Formula or Breastmilk or Full Strength Fruit Juice	2-4 fl. oz.				
Crusty Bread (optional)	0-1/2 slice				
Crackers (optional)	0-2				
<b>SUPPER</b>					
Iron Fortified Infant Formula or Breastmilk	6-8 fl. oz.				
Iron Fortified Infant Cereal and/or	2-4 Tbsp.				
Meat, Fish, Poultry, Egg Yolk, or Cooked Dry Beans or Peas	1-4 Tbsp.				
or Cheese	1-4 Tbsp.				
or Cottage Cheese, Cheese Food or Spread	1/2 - 2 oz.				
Fruit or Vegetable (not juice)	1-4 oz.				
	1-4 Tbsp.				